

ment consisted of free purging and emollient vapour douches, and when the inflammation was abated, the proto-iod. hydrarg. unguent. In the progress of the case, the hydriod. potass. and iodine solution; the sulph. potass. baths; and with the happiest effects to allay the irritation, the solution of cort. ulm. rubr. or americanus.

CASE VII. Eczema.—(This was referred to in Case V., Order Squamæ.) This was an acute attack, occurring in a spare gentleman, who had handled sugar, in the way of examining samples. The arms resembled very much the previous case, VI.

December 13th. Directed hydrarg. submurias. 3ss, to take at bed time, and follow next morning with R. pulv. rhei; ust. magnes. aa 3j; aquæ menthae 3vi. S. Dose half a wineglassfull p. r. n. The hands and arms to be constantly plunged into a deep vessel of tepid water made emollient with a few pounds of starch.

16th. Pills of mass. hydrarg. rhenn. and aloës, and a vapor douche. The douches, with the proto-iod. hydrarg. unguent, and the proto-iod. hydrarg. internally, $\frac{1}{4}$ gr. twice a day, completed the cure about the middle of the following month.

CASES VIII, IX, X, are Scabies. We notice them to introduce the remark that this disease is by no means so frequently met with as formerly. Several of our medical friends have mentioned to us, that it is comparatively seldom that they meet with cases of it.

New York, April, 1839.

ART. VII.—Remarkable case of Somnambulism. By S. H. DICKSON, M.D., Professor of the Institutes and Practice of Medicine in the Medical College of the State of South Carolina.

N. R. of this county and state, aged about 16, is of short stature, and unhealthy aspect; her look is downcast, and her countenance somewhat deficient, though perhaps not very strikingly so in intelligence of expression. The history and progress of her case is not clearly delineated either by herself or her friends.

She has not suffered much from disease in any form until last October, 1838, when her sleep became disturbed. The first symptom that seems to have attracted notice, was a noise made by the slipping of the head of the thigh bone in its socket. This was attended or followed by some muttering, moaning or childish conversation, in which the words were imperfectly pronounced. She afterwards became subject, while thus talking in seeming sleep, to be attacked by convulsions, and occasionally complained of cramps,

and of pains in the head and stomach. Her sufferings induced her friends to bring her to Asheville from her home, distant some fifteen or twenty miles, to place her under the care of Dr. Hardy of that village. With him I saw her twice, and cannot but regard the case as both singular and highly interesting.

It was astonishing to observe the apparent promptness with which she passed from the waking to the somnambular state. When I first visited her, she was sitting by the fire, looking dull and languid. It was her usual bed time, and she was told to go to bed. She obeyed, and lay down without undressing, drawing up the covering upon her. Almost immediately, I heard her muttering childishly and indistinctly; her hip joint cracked loudly and repeatedly, and her friends said a paroxysm had commenced. Her eyes were open and sparkling, her countenance animated, and her manner gay and lively; all presenting a strong contrast to her former condition as awake. On being desired to lie still and go to sleep, she answered sharply but good humouredly, "I am asleep—I am asleep." She conversed very freely and rapidly, but with a childish levity and indistinct utterance. This seems to be connected with a partial paralysis. In fact, an intermittent hemiplegia seems to constitute a prominent part of every paroxysm. When she opens her mouth her tongue is seen lying between the teeth on the left side; when she attempts to put it out, it is thrust over to the left so as to protrude the cheek, but she cannot project it beyond the lips. The left hand cannot be closed forcibly; the left leg is less capable of supporting her, and is moved badly when she walks.

From time to time during a paroxysm, she is seized with opisthotonus, which presents this peculiarity. That the muscles of the left side only appear to contract. The heel of the left foot is brought nearly into contact with the back of the neck, while the right foot lies extended. She is drawn or bent over to the left side, in which, and at the end of the sternum, she says there is now excessive pain. She not only exhibits every token of severe suffering during these tetanic attacks, but they are always preceded by moaning, restlessness and evident alarm.

Her convulsions appear to Dr. Hardy to be of epileptic character; they do not occur very often. Sometimes she lies silent and inattentive as if in a stupor, and if observed closely it will be found that her breathing is entirely suspended. Dr. Hardy has seen this state of things (which he considers with good reason as kindred with the epileptic attack) continue with total intermission of breathing for the space of two minutes, the pulse remaining unaffected. I did not happen to see her thus, nor convulsed.

There was at first tenderness along the spine at several points, but this readily subsided under the treatment instituted.

The hip joint has been mentioned as affected principally with the partial dislocation so often repeated, and forming so marked a feature in the case.

The shoulder and the ankle are also occasionally and loudly cracked, but not very often; and these articular disturbances are almost exclusively confined to the left limbs. Her mother, however, says that she has seen this jumping occur in the right hip and shoulder once or twice.

It is difficult to describe these movements; they seem altogether involuntary, and are not always painful. The head of the thigh bone is raised from its socket and drawn forwards and a little downwards, returning with a loud snap. Sometimes it appears to rest on the very margin of the acetabulum; if it retain this position for any definite period, the patient moans or groans, and if asked what is the matter, will reply, "it is *out* now, it hurts me." On one occasion when it is said to have remained "out" for nearly half an hour, her distress became extreme. Every effort of those about her to reduce the bone to its place has invariably failed; nor does she seem to have any voluntary power over it. When she first came under the care of Dr. Hardy, the strength of three or four stout men exerted to resist the motions of the joint when the "cracking" had begun, failed totally. Now, it is easy to keep it still with a single hand, both when the bone is in the socket, and when out of it. It should be stated distinctly, however, that no attempts have ever succeeded either in moving the bone as it is done spontaneously, or in producing the cracking noise, or in restoring it to its place when "out."

The organs of sense are little affected. She hears with great quickness. The pupil of the eye contracts readily on the approach of a candle. When her head aches, which is by no means constant, she says the light "hurts" her. Her taste and smell seem as usual, though she expresses in the paroxysm a strange desire to smoke and chew tobacco, which she has never been known to touch when awake.

The state of somnambulism lasts generally from her hour of going to bed eight or nine at night until two or three in the morning, when it terminates in ordinary sleep. She is apt to rise and walk about at intervals, though she cannot sit up long at a time, becoming pale and languid. While up she often takes food, though her deglutition is slow and embarrassed, owing to the want of command of the muscles of the tongue in this state. Indeed she has been in imminent danger of suffocation while attempting to swallow a morsel. The movements of the hip, too, are more uneasy and distressing if they occur when she is out of bed.

It is very curious to see her occasionally fall into an ordinary sleep during the continuance of the paroxysm, slumbering softly and pleasantly for some minutes, with her eyes closed, and her breathing soft, slow, deep and sonorous. If she has not reached the termination of her period, she is roused again into the sonnambulist condition by the motions of some joint, or some cramp, or tetanic muscular contraction.

During the intervals she scarcely complains of any thing. If she falls

asleep during the day, her slumbers are soft and regular; she has never been somnambulant or otherwise disturbed, as I have above described, except at night. She has once or twice been slightly lame after a particularly bad night.

She recollects the train of thoughts and events from paroxysm to paroxysm, or from night to night, and from day to day; but does not, or says she does not remember any thing in the day that has occurred at night. She does sometimes refer in conversation at night to what happens in the day, but it has not been noticed that she ever speaks in the day of any thing that has taken place during a paroxysm.

She left the neighbourhood, and was taken home soon after my second visit to her. She had commenced the use of the tinct. digital. in doses of two to three drachms repeated twice or thrice nightly.

June 14th. Her father coming to Asheville for more medicine, reports that she is well, her paroxysms having entirely ceased.

Swannanoa Hill, Buncombe County, N. C.

May 14th, 1839.